



Department of Motor Vehicle Safety
Regulatory Compliance Section
2206 East View Parkway, P.O. Box 80447
Conyers, GA 30013
Phone # 678-413-8575
www.dmv.ga.gov

These are the instructions for applying for an interim Certificate or to amend an existing certificate. The interim certificate will be granted (if application is in order and no protests are received) on a twelve (12) month basis and a permanent certificate will be issued at the end of twelve (12) months based on actual performance.

1. Application for new certificate or amendment to existing certificate must be accompanied by **CASHIER'S CHECK, CERTIFIED CHECK, MONEY ORDER**, payable to Department of Motor Vehicle Safety (DMVS) in the applicable amount as shown below. Application fees are determined by the number of vehicles owned or permanently leased at the time application is made:
 - (a) Less than six (6) vehicles - \$ 75.00 plus \$15.00 advertisement fee.
 - (b) Six (6) to fifteen (15) vehicles - \$150.00 plus \$15.00 advertisement fee.
 - (c) Over fifteen (15) vehicles - \$200.00 plus \$15.00 advertisement fee.
2. A signed and notarized application. All sections of the application must be completed or it will be returned to you.
3. Notarized affidavit in support of your application completed by an officer of the company. If application is protested, you will need to bring witnesses to the hearing to testify in support of the authority you are seeking.
4. If a corporation, attach a copy of the Articles of Incorporation and a copy of verification certificate from Secretary of State's office.
5. Complete the attached Safety Awareness form.
6. Have your insurance company send (either by mail or fax) a Form "E" liability filing. In order to expedite your application, the insurance filings need to be submitted as soon as possible.
7. All owners must complete the Consent for Background Investigation form.
8. All drivers must complete the attached Chauffeur Permit application.
9. Submit all original documents and fees to: DMVS, Regulatory Compliance Section, 2206 East View Parkway, P.O. Box 80447, Conyers, Georgia 30013.
10. For information pertaining to Limousine inspections, contact the Nancy Sexton at (678) 413-8731.
11. In addition you will need to purchase an identification stamp for each vehicle from: DMVS, 1200 Tradeport Blvd., Hapeville, Georgia 30354 / 404-362-6484.

No application will be assigned for hearing or given consideration by the DMVS unless accompanied by said fees and until application has complied with these requirements. Upon receipt of the application and fees the matter will be assigned for public hearing. If the DMVS receives no protests to the application you will not need to appear in person and the matter will be handled on the record. If you do need to appear, the DMVS staff will notify you.



**APPLICATION TO
DEPARTMENT OF MOTOR VEHICLE SAFETY
FOR INTERIM
CERTIFICATE
TO OPERATE AS A MOTOR CARRIER WITHIN THE STATE OF GEORGIA**

In the

TRANSPORTATION OF PASSENGERS IN LIMOUSINES
AS HEREINAFTER SET FORTH, IN INTRASTATE COMMERCE.
(Application should be typed or printed legibly)

Check One:

() Application for New Certificate.

() Amendment of Certificate No. _____.

The application of:

Applicant (Legal Name)

Trade Name (doing business as), if any

Business Address (Actual Street Address) (City) (State) (Zip)

(Business Telephone #) (Cell #) (E-mail address)

Mailing Address, if different than above (City) (State) (Zip)

Application is hereby made on the basis of statements hereinafter set forth for a Certificate to operate as motor carrier for hire transporting passengers intrastate in Georgia.

Applicant's representative to whom inquiries may be made (if you are representing yourself, place your name and address here if different from above.)

(Name)

(Street Address) (City) (State) (Zip)

(Business Telephone #) (Cell #) (E-mail address)

SECTION ONE

ORGANIZATION

State whether application is an individual, partnership, corporation, company, or association:
_____. Actual State of Incorporation: _____

If a corporation, attach a copy of Articles of Incorporation and copy of Certification from Secretary of State or other state where incorporated which shows approval of corporate name, also attach a list of all directors and stockholders and give names and address of the following officers:

President Name_____ Address_____

V. President Name_____ Address_____

Treasurer Name_____ Address_____

Secretary Name_____ Address_____

If applicant is a partnership, or association, gives names and addresses of partners, or officers. Designate a partner or an officer who will serve as the main contact person for all matters related to transportation of passengers.

If applicant is a non-resident of Georgia, give name and address of an agent or Attorney in Fact in this State upon whom process may be served in any suit instituted against applicant:

Name of agent or Attorney in Fact: _____

(Street Address) (City) (State) (Zip)

Does applicant understand that he will be required to maintain **liability** insurance in the amounts prescribed by the DMVS? _____

Give number of vehicles owned or permanently leased based in Georgia or elsewhere by applicant on date of this application: _____

Give address in Georgia where copies of invoices, business records, etc. will be maintained:

(Street Address) (City) (Zip)

Is the above address a place of business or residence? _____

SECTION TWO
SERVICE PROPOSED

Does applicant propose to render regular and to continuous service and undertake to carry and hold himself out as ready and willing to transport all persons, indiscriminately, so long as he/she has room?
() yes () no

Does applicant understand that he will be required to operate under the Maximum Rate Luxury Limousine Tariff prescribed by the DMVS? () yes () no

Is applicant familiar with the Maximum Rate Luxury Limousine Tariff? () yes () no

If the answer is "no", does applicant agree to obtain copy of the Maximum Rate Luxury Limousine Tariff, familiarize himself with same, and operate to the best of his ability in accordance therewith? () yes () no

Describe the type of passenger operation proposed. (Example: Limousine, Bus, Etc.)

What is the seating capacity of the vehicles: _____

List the municipality where base of operation will be established: _____

Describe the territory within which applicant proposes to operate. This may be done in terms of a base point and mileage radius there from (Example: 75 miles of Atlanta, Georgia):

If applying for an Amendment to current authority contained in Certificate, is the above:

- () In lieu of current authority
() In addition to current authority

SECTION THREE
FINANCIAL STATEMENT

Applicant represents that he is financially able to furnish the service proposed in this application and attaches hereto copies of his most recent balance sheet and income and expense statement. If applicant has no such financial statements, he submits the following statement showing liabilities and value of property owned:

ASSETS:

Real Estate (Value).....	\$ _____
Personal property (Value)(Exclude if Corporation)...	\$ _____
Plant & equipment (Value).....	\$ _____
Cash & deposits.....	\$ _____
TOTAL	\$ _____

LIABILITIES:

Capital Stock ...(If applicable).....	\$ _____
Equipment	\$ _____
Judgments	\$ _____
All Other Liabilities	\$ _____
TOTAL	\$ _____

NET WORTH	\$ _____
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SECTION FOUR

Is applicant familiar with the rules and regulations of the DMVS governing the operation of Motor vehicles for hire operations, including the DMVS's vehicle and hazardous materials safety rules and regulation? () yes () no.

If the answer is "no", does applicant agree to obtain copy of these rules, familiarize himself with same, and operate to the best of his ability in accordance therewith? () yes () no

Does applicant hold authority from the Federal Motor Carrier Safety Administration? () yes () no

If yes, please give your MC number. MC#: _____

Does applicant have a U.S. DOT Number? () yes () no () Applied for

If yes, please give your U.S. DOT Number. (U.S. DOT No.: _____)

Has applicant, prior to this application, been declared bankrupt in Federal Bankruptcy Court?

() yes () no

Has applicant, prior to this application, paid any fines or been convicted of any offense(s) relating to the operation of his motor vehicles or trucks in Georgia? () yes () no.

If "yes", attach statement to the application describing the incident(s).

Subscribed and sworn to before me,

this ____ day of _____,

20 _____,

**(Signature of applicant, or person
authorized to execute this application of
a corporation, firm or partnership.)**

Notary Public

(Title)

My Commission Expires: _____

(Telephone Number)



**AFFIDAVIT
in support of
INTERIM
CERTIFICATE**

Name of applicant: _____

Name and address of person completing affidavit.

My job, title and responsibilities with the company.

What experience do you have in the type business you are applying for authority to conduct?

What area do you propose to operate in? _____
(Example: Atlanta and a 50-mile radius)(Explain in detail)

Do you have any technical background in this business? _____

Insurance Coverage _____ (Mileage radius your insurance covers).

I understand this application is for an interim certificate and that my permanent certificate will not be issued for twelve (12) months. The purpose of the twelve (12) month interim period is to demonstrate a public need for the service. I further understand that my permanent certificate will be based on the actual performance and service and agree to abide by all DMVS rules and regulations if this authority is granted.

Subscribed and sworn to before me,

this ____ day of _____,

20 _____,

(Signature of applicant, or person
authorized to execute this affidavit.)

(Title)

Notary Public

(Telephone Number)

My Commission Expires: _____



STATEMENT OF SAFETY AWARENESS
&
STATEMENT CERTIFYING IDENTIFICATION OF VEHICLES

For: _____
(Carrier Name)

I hereby certify knowledge of applicable state motor carrier safety rules, regulations, standards and orders, and declare that all operations will be conducted in compliance with such requirements.

I certify that all vehicles to be operated under this authority granted by the Department of Motor Vehicle Safety have affixed to the center of the front bumper of each certificated vehicle a standard size license plate bearing the minimum following information:

Limousine Company Name

City & State of Principal Domicile

Company Telephone Number

VEHICLE CLASSIFICATION – CLASS IE-1

EXAMPLE:

**PUBLIC LIMOUSINE
(678) 413-8575
CONYERS, GA
CLASS IE-1**

Signed by: _____

(Title)

Subscribed and sworn to before me,

This ____ day of _____,

20____.

(Notary Public)

My Commission Expires: _____

OFFICE USE ONLY FILE NUMBER:	OFFICE USE ONLY DATE APPLICATION RECEIVED:	OFFICE USE ONLY BACKGROUND <input type="checkbox"/> DRIVER'S HIST P F	OFFICE USE ONLY
OFFICE USE ONLY PERMIT NUMBER:		<input type="checkbox"/> CRIMINAL HIST P F	

APPLICANTS APPLYING FOR LIMOUSINE AUTHORITY
Department of Motor Vehicle Safety
2206 East View Pkwy. P.O. Box 80447, Conyers, Georgia 30013
678-413-8575
www.dmv.ga.gov

CONSENT FOR BACKGROUND INVESTIGATION

Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY) / /
Driver's License Number (Include ALL zeros)	Issue date (Exam date)	State (GA License Required) Georgia	Social Security Number
Current Street Address		City and State	Zip Code
Do you hold any other driver's license(s)? Yes No	If so, list state(s) and license number(s)		Phone Number
Limousine Company			Phone Number
Address		City and State	Zip Code

Georgia Code 46-7-85.4b requires each owner, partner, and officers of corporations to provide the following information. False information will disqualify your application from being approved.

I hereby apply for a certificate to operate a limousine company to be issued by the Department of Motor Vehicle Safety (DMVS). I understand that my criminal and driver's history will be checked, and hereby consent for the DMVS to conduct whatever investigations necessary to determine my eligibility to hold such a certificate. I understand that false, misleading, or incomplete information in my application or on this Consent form, may result in certificate denial, cancellation, suspension, or revocation as well as possible criminal prosecution and civil action. Under penalty for perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith are complete, true and correct.

Have you ever been convicted of, plead guilty to, plead nolo contendere to, served time, or been on probation or parole for any felony as such violation or violations are related to the operation of a motor vehicle? Yes _____ No _____

Signature

Date

This application must be notarized.

Subscribed to and sworn before me:

Notary Signature _____

Date _____

SEAL OR STAMP

My commission expires: _____



Department of Motor Vehicle Safety Regulatory Compliance Section

2206 EAST VIEW PARKWAY
P.O. Box 80447
CONYERS , GEORGIA 30334
(678) 413-8731
www.dmv.ga.gov

LIMOUSINE CHAUFFEUR PERMITS

TO APPLY FOR A PERMIT, COMPLETE THE APPLICATION AND ATTACH THE FOLLOWING:

1. Applicant must drive for a Limousine Company that holds a Luxury Limousine Certificate.
2. Applicant must be at least 18 years of age.
3. Applicaant must submit a **\$15.00 cashiers check or money order made payable to DEPARTMENT OF MOTOR VEHICLE SAFETY.**
4. **PERSONAL CHECKS, OR COMPANY CHECKS WILL NOT BE ACCEPTED**
TWO 2" X 2" color passport photos.
5. Applicant must possess a valid Georgia Driver's License and attach a copy of same.
6. A background check will be completed.
7. **PLEASE NOTE- CHAUFFEUR APPLICATION MUST BE NOTARIZED.**

ALLOW 4 TO 6 WEEKS TO BE PROCESSED

MAIL your LIMOUSINE CHAUFFEUR PERMITS application to the:

**REGULATORY COMPLIANCE SECTION
ATTN: Nancy Sexton
P.O. BOX 80447
CONYERS, GEORGIA 30013**

NO APPLICATIONS ARE PROCESSED OVER THE COUNTER, HOWEVER, A DROP BOX IS AVAILABLE
TUESDAY THROUGH FRIDAY.

OFFICE USE ONLY FILE NUMBER:	OFFICE USE ONLY DATE APPLICATION RECEIVED:	OFFICE USE ONLY BACKGROUND <input type="checkbox"/> DRIVER'S HIST P F	OFFICE USE ONLY
OFFICE USE ONLY PERMIT NUMBER:		<input type="checkbox"/> CRIMINAL HIST P F	

Limousine Chauffeur's Permit Application
Department of Motor Vehicle Safety
2206 East View Pkwy., P.O. Box 80447, Conyers, GA 30013

Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY) / /
Driver's License Number (Include ALL zeros)	Issue date (Exam date)	State (GA License Required) Georgia	Social Security Number
Current Street Address		City and State	Zip Code
Do you hold any other driver's license(s)? Yes No	If so, list state(s) and license number(s)		Phone Number
Limousine Company			Phone Number
Address		City and State	Zip Code

For Any of the following listed offenses, within the last five years, have you been convicted or, plead guilty to, plead nolo contendere to, served time, or been on probation or parole for any crime specified below, whether felony or misdemeanor, either in this state, in any other state, or in the federal system? Do you have a charge(s) or court hearing pending, or are you under indictment or accusation for any of the crimes listed?

For each of the following offenses, please answer "Yes" or "No" under each column:

Offense	Conviction - Guilty - Nolo		Served Time		Probation -Parole		Charge - Hearing - Indictment	
	Yes	No	Yes	No	Yes	No	Yes	No
Criminal Homicide								
Rape								
Aggravated Battery								
Mayhem								
Burglary								
Aggravated Assault								
Kidnapping								
Robbery								
Driving Under the Influence of Alcohol or Drugs								
Child Molestation								
Any Sex Related Offense								
Leaving the Scene of an Accident								
Criminal Solicitation to commit any of the above								
Any felony involving a motor vehicle								
Any law involving violence								
Theft								
Possession, sale, or distribution of narcotics, barbiturates, or stimulants								
Perjury or false swearing under oath in connection with a chauffeur's permit								

If you answered "yes" to any question above, did you receive any first offender benefits? Yes No If "yes," give details:

If you are now charged, under indictment, or have court hearings pending for any of the above charges, give details.

List all addresses used during the past seven years

I hereby apply for a Limousine Chauffeur's Permit to be issued by the Department of Motor Vehicle Safety (DMVS). I understand that my criminal history and driver's history will be checked, and hereby give consent for the DMVS to conduct whatever investigations necessary to determine my eligibility to hold such a permit. I understand that false, misleading, or incomplete information in my application or on this Consent Form, may result in permit denial, cancellation, suspension, or revocation as well as, possible criminal prosecution and civil action.

Under penalty for perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

Signature

Date

This application MUST be notarized

Subscribed to and sworn before me:

SEAL OR STAMP

Notary Signature

Date

My commission expires: _____

LIMOUSINE INSPECTION REPORT

Attn: COMMERCIAL VEHICLE PERMITTING DEPARTMENT OF MOTOR VEHICLE SAFETY PO BOX 161227 ATLANTA, GA 30321	CARRIER'S MCA #	DATE OF INSPECTION (Not valid if over ninety (90) days old)
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Legibly Hand Print, Type or Complete Form at www.dmv.ga.gov and Print

COMPANY NAME	OWNER		
STREET ADDRESS (Company)	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT THAN ABOVE) (Company)	CITY	STATE	ZIP CODE
DRIVER—Driver's Legal Name Driver's License #----- State Issued----- (FIRST NAME) (MIDDLE NAME) (LAST NAME)			

VEHICLE INFORMATION

MAKE	YEAR MODEL	UNIT NUMBER	TAG NUMBER	STATE ISSUED
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VEHICLE IDENTIFICATION NUMBER (VIN)

																	SEATING CAPACITY BEHIND DRIVER
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	---

INSPECTION ITEMS**OUT OF SERVICE**

PASSED <input type="checkbox"/> FAILED <input type="checkbox"/> REINSP <input type="checkbox"/> DATE OF REINSP _____	BRAKE SYSTEM (FLUIDS/LINES)	
	EXHAUST SYSTEM	
	FRAME	
	FRONT ID TAG	
	HEELS/LUGS/RIMS	
DMVS USE ONLY	WINDSHIELD/GLASS/WIPERS	
	INTERIOR (UPHOLSTERY/APPEARANCE)	
	SEAT BELTS (DRIVER AND PASSENGER)	
STAMP # ISSUED _____		

LIGHTING DEVICES		
HEADLAMPS <input type="checkbox"/> FRONT TURN <input type="checkbox"/> REAR TURN <input type="checkbox"/> STOP LAMPS <input type="checkbox"/> TAIL LAMPS <input type="checkbox"/>		
STEERING		
FRAME AND SUSPENSION		
TIRES LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> OTHERS		
INSPECTOR	START TIME	END TIME
INSPECTION LOCATION		COPY RECEIVED BY

Any person who shall make any false statement in any application for the registration of any vehicle, or in transferring any certificate of registration, or applying for a new certificate of registration, shall be guilty of false swearing, whether or not an oath is actually administered, if such statement shall purport to be under oath. On conviction of such offense, such person shall be punished as provided by Code Section 16-10-71, OCGA.